

## Online Supplement

### Clonal Architecture of *CXCR4* WHIM-like Mutations in Waldenstrom's Macroglobulinaemia.

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#### Development of quantitative AS-PCR assays for *CXCR*<sup>S338X</sup> mutations

Since *CXCR4*<sup>S338X</sup> mutations can occur due to C>G and C>A mutations at nucleotide position 1013 in the *CXCR4* gene, we developed two AS-PCR assays to permit their detection. Three reverse primers were designed to differentiate the nucleotide positions corresponding to the mutant and wild-type alleles of *CXCR4*<sup>S338X</sup>. To optimize the specificity, an internal mismatch in the third position from the 3'-end was introduced. 5'-AGACTCAGACTCAGTGGAAACAGTTC-3' was used to detect the C>G mutation, and 5'-AGACTCAGACTCAGTGGAAACAGGTT-3' was used to detect the C>A mutation. The wild-type specific reverse primer was 5'-AGACTCAGACTCAGTGGAAACAGTTG-3'. The common forward primer was 5'-TTCCACTGTTGTCTGAACCCCATC-3'. Quantitative detection of the *CXCR4*<sup>S338X</sup> mutations was achieved using the above described primers with Power SYBR® Green PCR Master Mix used in accordance with manufacturers instructions for the ABI Prism 7500 Sequence Detection System (Applied Biosystems, Foster City, CA). PCR reaction was performed in a final volume of 25 µl with 25 nM of each primer and 50 ng DNA. Thermal cycling conditions were as follows: 10 min at 95°C, followed by 40 cycles of 95°C for 15 seconds and 60°C

C for 60 seconds. Each sample was assayed in triplicate. The standard curves for the CXCR4<sup>S338X</sup> mutations were generated by serial dilution of mutant DNA with wild-type DNA (50%, 10%, 2%, 0.4%, 0.08%, and wild-type). For the corresponding reference PCR, the forward and reverse primers were 5'-ACTACATTGGGATCAGCATCGACTC-3' and 5'-TGAAGACTCAGACTCAGTGGAAACAG-3', respectively. The mutation burden was calculated based on the value of delta C<sub>T</sub> generated from the standard curves.

The real-time AS-PCR developed for the CXCR4<sup>S338X C>A</sup> variant detected this mutation at a dilution of 0.4% with a  $\geq 2$  cycle difference (cutoff of 9.1) from the wild-type DNA background. The correlation coefficient of the standard curve for this assay was 0.992 and demonstrated a slope value of -3.45 (**Figure 1**). The melting curve analysis revealed that the CXCR4<sup>S338X C>A</sup> mutant-specific amplicon melted at 81.2<sup>0</sup>C. For the CXCR4<sup>S338X C>G</sup> variant, real-time AS-PCR detected this mutation at a dilution of 0.16% with  $\geq 2$  cycle difference (cutoff of 10.5) from the wild-type DNA background. The correlation coefficient of the standard curve for this assay was 0.999 with a slope value of -3.74 (**Figure 1**). The melting curve analysis revealed that the CXCR4<sup>S338X C>G</sup> mutant-specific amplicon melted at 81.7<sup>0</sup>C.

We first analyzed CD19-sorted BM and PB samples using the CXCR4<sup>S338X C>A</sup> AS-PCR assay in 13 (4 CXCR4<sup>S338X C>A</sup>; 4 CXCR4<sup>S338X C>G</sup>; 5 CXCR4<sup>WT</sup>) WM patients whose CXCR4 status was determined by Sanger sequencing of BM

CD19-sorted cells, and PB CD19-sorted cells from 13 healthy donors. Sanger sequencing was used to confirm CXCR4 wild-type status in healthy donors. Healthy donors displayed a median  $\Delta C_T$  value of 11.4 (range 11.1-12.4 cycles), whereas CXCR4<sup>S338X C>A</sup> WM patients had a median  $\Delta C_T$  value of 0.8 (range 0.3 to 1.5 cycles) in BM samples and a median  $\Delta C_T$  value of 4.0 (range 1.2-7.3 cycles) in PB samples;  $p < 0.001$  for BM and PB sample comparisons to healthy donor samples. Among the CXCR4<sup>WT</sup> and CXCR4<sup>S338X C>G</sup> patients, the median  $\Delta C_T$  values with this assay were 10.8 (range 9.9 to 12.3 cycles) and 12.2 (range 11.2 to 13.5 cycles) in BM samples, respectively ( $p < 0.01$  for comparisons of both cohorts versus CXCR4<sup>S338X C>A</sup> WM patient BM samples). For PB samples, the median  $\Delta C_T$  values for CXCR4<sup>WT</sup> and CXCR4<sup>S338X C>G</sup> patients were 10.6 (range 10.0 to 11.2 cycles) and 12.1 (range 11.2 to 13.5 cycles);  $p \leq 0.01$  for comparisons of both cohorts versus CXCR4<sup>S338X C>A</sup> WM patient BM and PB samples. There were no significant differences in median  $\Delta C_T$  values for either CXCR4<sup>WT</sup> or CXCR4<sup>S338X C>G</sup> patient BM or PB samples versus healthy donors. While CXCR4<sup>S338X C>A</sup> was detected in 4/4 (100%) BM samples of patients bearing this variant by Sanger sequencing, it was detected in only 1/4 (25%) PB samples collected simultaneously in these patients. In contrast, using a  $\Delta C_T$  cutoff of 9.1 that represented a 2 cycle difference from the lowest healthy donor cutoff, CXCR4<sup>S338X C>A</sup> was positive in BM and PB samples from all 4 of these patients.

We next analyzed BM and PB CD19-sorted samples using the CXCR4<sup>S338X C>G</sup> AS-PCR assay that we developed in the same 13 WM patients and 13 healthy

donors described above. Healthy donors displayed a median  $\Delta C_T$  value of  $>17.0$  cycles, whereas CXCR4<sup>S338X C>G</sup> WM patients had a median  $\Delta C_T$  value of 0.8 (range 0.2 to 1.4 cycles) in BM samples and a median  $\Delta C_T$  value of 1.6 (range 0.9-2.6 cycles) in PB samples;  $p<0.001$  for BM and PB sample comparisons to healthy donor samples. Among CXCR4<sup>WT</sup> and CXCR4<sup>S338X C>A</sup> patients, the median  $\Delta C_T$  values with this assay were  $>11.9$  cycles and 11.2 (range 11.1 to 11.4 cycles) in BM samples, respectively ( $p<0.01$  for comparisons of both cohorts versus CXCR4<sup>S338X C>G</sup> WM patient BM samples). For PB samples, the median  $\Delta C_T$  values for CXCR4<sup>WT</sup> and CXCR4<sup>S338X C>A</sup> patients were  $>14.2$  cycles; and 11.2 (range 11.1 to 11.4 cycles);  $p\leq 0.01$  for comparisons of both cohorts versus CXCR4<sup>S338X C>G</sup> WM patient BM and PB samples. There were no significant differences in median  $\Delta C_T$  values for either CXCR4<sup>WT</sup> or CXCR4<sup>S338X C>A</sup> patient BM or PB samples versus healthy donors. CXCR4<sup>S338X C>G</sup> was detected in 4/4 (100%) BM and simultaneously collected PB samples of patients bearing this variant by Sanger sequencing. Using a  $\Delta C_T$  cutoff of 10.5 representing a  $>2$  cycle difference from the lowest healthy donor cutoff, CXCR4<sup>S338X C>G</sup> was positive in BM and PB samples from all 4 of these patients.

**Supplementary Figure 1. Sensitivity and specificity plots for real-time AS-PCR assays.** (A) Delta reaction curve for real time AS-PCR assays for CXCR4<sup>S338X C>A</sup> and CXCR4<sup>S338X C>G</sup>. Serial dilutions of DNA from malignant cells isolated from patients with CXCR4<sup>WT</sup> against those from patients with either CXCR4<sup>S338X C>A</sup> or CXCR4<sup>S338X C>G</sup> were made at the concentrations indicated in the amplification plots. The CXCR4<sup>S338X C>A</sup> allele was detected to a dilution of 0.4%, and the CXCR4<sup>S338X C>G</sup> allele was detected to a dilution of 0.16%. (B)

Standard curves for CXCR4<sup>S338X C>A</sup> and CXCR4<sup>S338X C>G</sup> AS-PCR assays. The correlation coefficients and slope values for the assays are shown. (C) Dissociation curves for real time AS-PCR assays for CXCR4<sup>S338X C>A</sup> and CXCR4<sup>S338X C>G</sup>.

Supplementary Figure 1.

